ESGP PROGRESS REPORT
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 52676 (11/00)

Grantee	Grant Number
Subgrantee	Reporting Period

Complete a separate report form for each subgrantee. When answering questions, use the space provided or attach additional sheets.

1. List funded activities accomplished to date.

2. Have any problems arisen which will delay grant completion? If yes, explain the problem and the extent of delay.

3. List activities to be accomplished and estimated timeframes.

4. Do you anticipate requesting any amendments? If yes, explain.

5. How many homeless persons were served during the period covered by this report?

    Single Person: Male _____   Female _____

    Families: Total Families _____   Total Families Members _____

    Total Persons: _____

    Estimated average number served per night/day: _____ / _____

    Proportion Served:

Black	_____	%
White Non Hispanic	_____	%
Hispanic	_____	%
Asian	_____	%
American Indian	_____	%

6. For this reporting period indicate program(s) and services(s) provided by your facility with an "X":

- ❏ Emergency Shelter Facilities
- ❏ Vouchers for Shelters
- ❏ Drop-in Center
- ❏ Food Pantry
- ❏ Mental Health
- ❏ Alcohol/Drug Program
- ❏ Child Care
- ❏ Other _____

- ❏ Transitional Housing
- ❏ Outreach
- ❏ Soup Kitchen/Meal Distribution
- ❏ Health Care
- ❏ HIV/AIDS Services
- ❏ Employment
- ❏ Homeless Prevention

7. Residential services: (nonduplications during this reporting period)

    Average Number Served Daily: Adults: _____   Children: _____
    Average Number Served Yearly: Adults: _____   Children: _____

    Non-residential services (per person–not per service)

    Average Number Served Daily: _____

8. For residential services during this reporting period, enter approximate percentages of:

    Unaccompanied 18 and Over   Male _____%   Female _____%
    Unaccompanied Under 18   Male _____%   Female _____%

    Families with Children Headed by: Male _____%   Female _____%

        Single 18 and Over   Male _____%   Female _____%
        Youth 18 and Under   Male _____%   Female _____%
        Two Parents 18 and Over   _____%
        Two Parents under 18   _____%
        Families with No Children: _____%

9. For residential services, list the percentage of the population served on an average day, who are:

        Battered Spouse   _____%
        Runway/Throwaway Youth   _____%
        Chronically Mentally Ill   _____%
        Developmentally Disabled   _____%
        HIV/AIDS   _____%
        Alcohol Dependent Individuals   _____%
        Drug Dependent Individuals   _____%
        Elderly   _____%
        Veterans   _____%
        Physically Disabled   _____%
        Other   _____%
    NOTE: People can be in more than one category.

10. Report the number of persons housed during the reporting period. If your program has more than one shelter type, list all served by type:

Shelter Type	Number of Persons Housed
Barracks	_____
Group/Large House	_____
Scattered Site Apartment	_____
Single Family Detached House	_____
Mobile Home/Trailer	_____
Hotel/Motel	_____
Other: _____	_____
TOTAL	_____

11. Funding sources

ESG	$ _____
Other Federal	$ _____
Local Government	$ _____
Private	$ _____
Fees	$ _____
Other	$ _____
TOTAL	$ _____